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1	AMENDMENTS TO UTAH DIGITAL HEALTH
2	SERVICE COMMISSION ACT
3	2008 GENERAL SESSION
4	STATE OF UTAH
5	
6	LONG TITLE
7	General Description:
8	This bill amends the Utah Digital Health Service Commission Act.
9	Highlighted Provisions:
10	This bill:
11	renames the commission the "Utah Digital Health Service Committee";
12	amends the appointment of the members;
13	requires the chairperson of the committee to report to the executive director of the
14	Department of Health; and
15	amends the duties of the committee, including requires the committee to:
16	 advise and make recommendations to the department concerning patient privacy
17	related policies; and
18	 place an emphasis on helping rural health care providers and special
19	populations.
20	Monies Appropriated in this Bill:
21	None
22	Other Special Clauses:
23	None
24	Utah Code Sections Affected:
25	AMENDS:
26	26-9f-102, as last amended by Laws of Utah 2004, Chapter 33
27	26-9f-103, as last amended by Laws of Utah 2004, Chapter 33
28	26-9f-104 , as last amended by Laws of Utah 2006, Chapter 121
29	
30	Be it enacted by the Legislature of the state of Utah:
31	Section 1. Section 26-9f-102 is amended to read:

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32	26-9f-102. Definitions.
33	As used in this chapter:
34	(1) ["Commission"] "Committee" means the Utah Digital Health Service
35	[Commission] Committee created in Section 26-9f-103.
36	(2) ["Telehealth"] "Digital health service" means the electronic transfer [or], exchange
37	[of medically], or management of related data for diagnosis, treatment, consultation,
38	educational, <u>public health</u> , or other related purposes.
39	Section 2. Section 26-9f-103 is amended to read:
40	26-9f-103. Utah Digital Health Service Committee.
41	(1) There is created within the department the Utah Digital Health Service
42	[Commission] Committee.
13	(2) (a) The governor shall appoint 11 members to the [commission with the consent of
14	the Senate, as follows:] committee in accordance with Subsection (2)(b).
45	(b) Each member of the committee shall:
46	(i) be selected from a list of three nominees recommended by the department and the
17	committee; and
48	(ii) represent one or more of the following categories:
19	[(a)] (A) a physician who is involved in [telehealth] digital health service;
50	[(b)] (B) a representative of a licensed health care facility or system as defined in
51	Section 26-21-2;
52	[(c)] (C) a representative of rural Utah, which may be a person nominated by an
53	advisory committee on rural health issues created pursuant to Section 26-1-20;
54	[(d)] (D) a member of the public who is not involved with [telehealth] digital health
55	service; and
56	[(e) seven members:]
57	[(i) selected from a list of three nominees for each open position submitted by the
58	division over health systems improvement; and]
59	[(ii) who fall into one or more of the following categories:]
50	[(A)] (E) individuals who use [telehealth] digital health service in a public or private
51	institution;
52	[B]] (F) individuals who use [telehealth] digital health service in serving medically

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63	underserved populations;
64	[(C)] (G) nonphysician health care providers involved in [telehealth] digital health
65	service;
66	[(D)] (H) information technology professionals involved in [telehealth] digital health
67	service;
68	[(E)] (I) representatives of the health insurance industry; and
69	[(F)] (J) [telehealth] digital health service consumer advocates.
70	(3) (a) The [commission] committee shall annually elect a chairperson from its
71	membership. The chairperson shall report to the executive director of the department.
72	(b) The [commission] committee shall hold meetings at least once every three months.
73	Meetings may be held from time to time on the call of the chair or a majority of the board
74	members.
75	(c) Six [commission] committee members are necessary to constitute a quorum at any
76	meeting and, if a quorum exists, the action of a majority of members present shall be the action
77	of the [commission] committee.
78	(4) (a) Except as provided in Subsection (4)(b), a [commission] committee member
79	shall be appointed for a three-year term and eligible for two reappointments.
80	(b) Notwithstanding Subsection (4)(a), the governor shall, at the time of appointment
81	or reappointment, adjust the length of terms to ensure that the terms of [commission]
82	committee members are staggered so that approximately 1/3 of the [commission] committee is
83	appointed each year.
84	(c) A [commission] committee member shall continue in office until the expiration of
85	the member's term and until a successor is appointed, which may not exceed 90 days after the
86	formal expiration of the term.
87	(d) Notwithstanding Subsection (4)(c), a [commission] committee member who fails to
88	attend 75% of the scheduled meetings in a calendar year shall be disqualified from serving.
89	(e) When a vacancy occurs in membership for any reason, the replacement shall be
90	appointed for the unexpired term.
91	(5) (a) Board members who are not government employees may not receive
92	compensation or benefits for the services, but may receive per diem and expenses incurred in
93	the performance of their official duties at rates established by the Division of Finance under

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94	Sections 63A-3-106 and 63A-3-107.
95	(b) A [commission] committee member may decline to receive per diem and expenses
96	for service to the [commission] committee.
97	(6) The department shall provide <u>informatics</u> staff support to the [commission]
98	committee.
99	(7) The funding of the [commission] committee shall be a separate line item to the
100	department in the annual appropriations act.
101	Section 3. Section 26-9f-104 is amended to read:
102	26-9f-104. Duties and responsibilities.
103	The [commission] committee shall:
104	(1) advise and make recommendations on [telehealth] digital health service issues to
105	the department[, the Utah Technology Commission,] and other state entities;
106	(2) advise and make recommendations on digital health service related patient privacy
107	to the department;
108	$[\frac{(2)}{(3)}]$ promote collaborative efforts to establish technical compatibility, uniform
109	policies, and privacy features to meet legal, financial, commercial, and other societal
110	requirements;
111	[(3) serve as a clearinghouse on emerging telehealth technologies;]
112	(4) identify, address, and seek to resolve the legal, ethical, regulatory, financial,
113	medical, and technological issues that may serve as barriers to [telehealth] digital health
114	service;
115	(5) explore and encourage the development of [telehealth] digital health service
116	systems as a means of reducing health care costs and increasing health care quality and access
117	[including] with emphasis on assisting rural health care providers and special populations with
118	access to or development of electronic medical records;
119	(6) seek public input on [telehealth] digital health service issues; and
120	[(7) educate the public, state officials, and the health care community on telehealth
121	issues; and]
122	[(8)] (7) in consultation with the department, advise the governor and Legislature on:
123	(a) the role of [telehealth] digital health service in the state;
124	(b) the policy issues related to [telehealth] digital health service;

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(c) the changing [telehealth] digital health service needs and resources in the state; and

(d) state budgetary matters related to [telehealth] digital health service.